

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/578,054
Filing Date	
First Named Inventor	Smider, Vaughn V.
Title	NON-FLUORESCENT, NON-ENZYMATIC, CHEMILUMINESCENT AQUEOUS ASSAY
Art Unit	
Examiner Name	
Attorney Docket Number	021216-000610US

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

XX Practitioners associated with the Customer Number:

20350

OR

Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

XX The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

OR

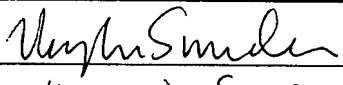
Firm or Individual Name			
Address			
City	State	Zip	
Country			
Telephone	Email		

I am the:

XX Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/95).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	6/26/07
Name	VAUGHN SMIDER	Telephone	858-539-9069
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of _____ forms are submitted.

PTO/SB/81 (01-08)

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Firm or Individual Name			
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SIGNATURE of Applicant or Assignee of Record

Signature	<i>W. Heriot</i>	Date	6/26/07
Name	William Heriot	Telephone	415 884 0221
Title and Company			

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of _____ forms are submitted.